## **APPLICATION FOR PERMIT**

Date:			
Name:			
Stage Name:			
Group Name:		No. in Grp	
Permanent Mailing Address:			
City:	State:	Zip:	
E-mail Address:		_	
Telephone Number, Day:	Evening:		
Date of Birth:			
Have you previously owned a Street Performer	's Permit in Cambridge, M	A? (circle one) Y N	
TYPE OF PERFORMANCE			
MUSIC: DANCE:	THEATRE:	VISUAL ARTS:	VARIETY:
ALL PERFORMERS, Please describe performa	ance:		
Number of amplifiers used if any			
If you are a musician please specify the style of	music and instrumentatio	n:	
The applicant, by signing this application i regulations governing issuance of this Permit Ordinance 1104 (6/25/90) and agrees to adhere	t in the City of Cambridge	(Municipal Code Section 1	
Permits are issued for the calendar year or the Cambridge Arts Council located at 344 Broads Photo ID and Permit fee of \$40 <u>CASH ONLY</u> previous year must be paid before permit can be	way, 2 <sup>nd</sup> fl, Cambridge MA are required at time of a <u>p</u>	, mailed in applications will oplication. All outstanding	l not be processed. Valid noise citations from the
Performer/Applicant Signature:		Date:	
	FOR OFFICE USE ON		
DATE ISSUED:BY:	PERM	IT#	
Issued: ☐ Monday ☐ after 5pm ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	$\operatorname{FEE} \operatorname{P}_{I}$	AID:	